

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Benton
 Township White
 City Clinton, Mo. (No. _____)

Registration District No. 60
 Primary Registration District No. 3090

File No. 35637
 Registered No. 12
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca Purdy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26th 1893</u>		
7. AGE <u>90</u>	YEARS <u>90</u>	MONTHS <u>26</u>
DAYS <u>26</u>		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>allentown Ohio</u>		
FATHER	13. NAME <u>Samuel Purdy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know New York State</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Hewlin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know New York State</u>	
17. INFORMANT (ADDRESS) <u>Sarah Wilson 607 S.E. 25th St. Court. Dumas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunny Side Home</u> DATE <u>Nov. 20</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. Callbert Lincoln Mo.</u>		
20. FILED <u>Dec. 5</u> 19 <u>33</u> <u>Mr. C. E. Rhodes</u> Registrar		

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1931, to Nov. 19 1933
 I last saw him alive on Nov. 19 1933 Death is said

to have occurred on the date stated above, at 3⁰⁰ p.m.
 The principal cause of death and related causes of importance were as follows:

Uremia
Senility
137
132.8
162
 Other contributory causes of importance:
Prostatic hypertrophy

Date of onset
1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 1933

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) C. E. Bennett M. D.
 (Address) Lincoln Mo.

1968 1969